ART. II. *A Recto-Vaginal Fistula—Cured.* By J. RHEA BARTON, M.D.

MISS R——, of Virginia, an unmarried lady, ætat. 22, most respectably connected in Philadelphia, shortly after her return from a visit to this city in June, 1835, experienced all the symptoms of an acute abscess in the region of the rectum and vagina. It formed, and broke on one side, and was lanced on the other. After a copious discharge of its contents one of the openings healed, whilst the other became fistulous, and remained so most obstinately for the period of about four years, resisting both general and local treatment, including injections, tents, setons, caustic, incisions and excisions. She came to Philadelphia for further treatment, and in March, 1839, was placed under my care.

The fistula was found commencing about three-fourths of an inch within the labium of the right side, thence passing by a very irregular course up the pelvis and inclining toward the rectum; into which cavity it finally opened, about three and a half or four inches from its inferior aperture in the vagina. Through this sinus there issued fluids in sufficient quantity to keep the genitals continually moist. Flatus also at times found its way through this channel.

The discovery of the real nature and the extent of this sinus, passing as it did from one to another important cavity, and establishing a communication between them, presented an embarrassing view of the case as to the mode of cure. It was now clear that the complaint must be treated with reference to its connection with the rectum, and upon the same principles that govern us in the cure of fistula in ano—for in fact it was virtually such a case modified by the unfortunate implication of the vagina.

It was nevertheless apparent that this sinus could not be included in a seton and ulcerated through, nor be laid open, as usually done in the common fistula in ano, without destroying the perineum and laying these two great cavities into one!—thereby causing a more unhappy state of the parts than had previously existed. The duty, therefore, of the surgeon was very clear—either to consign the patient to a continuance of her loathsome complaint or to adapt an operation to her peculiar case. The latter was successfully done, as follows:

A fine tent was inserted, for a few days, to dilate the sinus, and to render its course less tortuous. A seton was then introduced, with an eyed probe, into the sinus *per vaginam;* thence passed through its whole extent, until it had penetrated the rectum by the orifice into that cavity. It was then brought down and out *per anum.* The two ends were then loosely tied together merely for security against its slipping out. After a few days, the loop was opened, and the end of the seton passing out of the vagina was put

through the eye of a probe which was previously crooked at the other end. This probe was then inserted into the orifice in the vagina; thence about an inch and an half up the sinus, then its point directed toward the perineum, just exterior to the sphincter ani muscle. Here a small but somewhat deep incision was made, and the probe pushed through it; bringing along with it the end of the seton which had been doubled upon itself.

The seton now instead of passing out of the vagina, as at first, after coming down from the bowel, through only part of the sinus, descended through the new channel which I had made for it. The ends, lying almost side by side, were now tied together—thus forming a loop in which were included the parts between the outer surface of the sphincter ani muscle and the rectum. This seton or ligature was subsequently drawn and twisted tighter and tighter from time to time in order to cause its ulceration through the included parts, as we do in common fistula in ano, when operating by the ligature or wire. So soon as by these means, the new and direct channel was formed and had attained a larger size than that penetrating the vagina, the discharges from the rectum deserted that portion of the route which led into the vagina, and took the course of the seton. This was exactly the end which I designed to accomplish by my operation; believing that if I could establish a freer and more direct passage for the escape of the fluids of the rectum than that per vaginam, the sinus opening into this cavity would heal *sua sponte*, and become permanently obliterated. My opinions were confirmed—for long before the seton had made its way out by ulceration, the vaginal portion of the sinus had healed, and the integrity of this organ had been restored. I had now only to pursue the treatment of this case as I should have done, had it been a simple case of fistula in ano—viz., by continuing to tighten the ligature every day or two, until it finally came so nearly away that a slight clip by the scissors divided the insignificant intervening portion yet retaining it, when it was released. These parts healed up in a few days.

I had now the satisfaction of finding that my treatment of the patient was completely successful. She was entirely cured, and without disfigurement, of a recto-vaginal fistula, existing at an interesting period of her life, and under circumstances and embarrassments rarely to be met with in the same case.

It is now nearly one year since my patient was discharged cured, and recent accounts from her announce her to be in perfect health.

Philadelphia, June, 1840.